

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107019780 FILED DATE

APPLICANT(S)

	CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2	/		/				52							
3	2		/				53							
4	1		/				54							
5	1		/				55							
6	1		/				56							
7	1		/				57							
8	1		/				58							
9	1		/				59							
10	1		1				60							
11	1		1				61							
12	1		1				62							
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18	1		1				68							
19			1	1			69							
20			1	1			70							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/		/				TOTAL IND.							
TOTAL DEP.	17	20	17	20	17	20	TOTAL DEP.							
TOTAL CLAIMS	8	21	8	21	8	21	TOTAL CLAIMS							

BEST AVAILABLE COPY